U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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E	RECORDED !

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - //0/5	2. Fiscal Year Covered Frcm		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number and address of labor organization.		
Name Andrew J Myers	Name Int'l. Union of Oper. Engs. Local 18		
	Labor Organization File Number 039040		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 626 S. Lathrop	Street 3515 Prospect Avenue		
City Swanton	City Cleveland		
State Ohio ZIF Code + 4 43558	State Ohio ZIP Code + 4 44115		
5. Position in labor organization. Business Representative			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		

r derived income or other economic benefit of tion represents or is actively seeking to represent.
7.a. Nature of Interest, Transaction, or Income.
7.b. Amount.
7.0. Amount.
\$0

Signature

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan- undersigned's knowledge and belief, true, correct, and complete. (See the se	ying docu	ments), has been exa	rined by the signatory and is, to the best of the
Signed Audien A. Muress	On	8/12/2005	4 19- 8 25-3793
		Date	Telephone Number

Name of Person Filing Andrew Myers	File Number U-	****			
B. Held an interest in or derived income or economic benefit with mon- substantial part of which consists of buying from selling or leasing to, of an employer whose employees your labor organization represents of (2) any part of which consists of buying from or selling or leasing direct dealing with your labor organization or with a trust in which your labor	or otherwise dealing with the business or is actively seeking to represent, or tly or indirectly to, or otherwise				
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any					
Street	C. Employer	c. Employer			
City		·			
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dezling.				
Name		:			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.	\$0			
City	12.a. Nature of interest heid or income received.				
State ZIP Ccce + 4					
	12.b. Amount.	\$0			
C. Received from any employer (other than an employer cover or from any labor relations consultant to an employer any payment o					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		į			
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment	\$0			